

FOREIGN LANGUAGE OPI REQUEST

EXAMINEE INFORMATION

NAME OF CANDIDATE (Last, First, MI):

SOCIAL SECURITY NUMBER (SSN):

BRANCH OF SERVICE:

SPECIAL OPERATIONS FORCES:

YES

NO

REQUESTED LANGUAGE:

LAST DLPT DATE ON THIS LANGUAGE:

LISTENING SCORE

READING SCORE

LAST SPEAKING TEST DATE ON THIS LANGUAGE:

IS EXAMINEE A LINGUIST?

If Yes, Control/Primary Language

LANGUAGE CODED BILLET?

If Yes, Control/Primary Language

FIRST TIME TESTING REQUESTED LANGUAGE (Yes or No):

EXPIRATION DATE OF FLPP ENTITLEMENT:

TEST SITE INFORMATION:

NAME OF TCO:

TEST SITE ID NUMBER:

ADDRESS OF TEST SITE (Base and State):

COMMERCIAL PHONE OF TCO:

DSN:

EMAIL OF TCO :

ADDITIONAL E-MAIL ADDRESS (Optional):

COMMERCIAL PHONE NUMBER THAT THE OPI WILL BE CONDUCTED ON:

Note: The above phone number must be under the control and supervision of the installation testing personnel; and may not be in the examinee's living quarters, unit, or workplace. DO NOT USE cellphones as testing number.

Except for the US Army, all requests must be submitted to DLI, through and approved by the Service Personnel Testing Manager.

All requests MUST be submitted 30 to 60 days prior to expiration of FLPP entitlement

Test will be cancelled if no confirmation is received at least 24 hours prior to test date

JUSTIFICATION FOR REQUESTING TEST (One selection ONLY)

FLPB

OTHER (Explain on Remarks Section)

REMARKS (Fully Explain)